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BOROUGH OF SALE



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1945.



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The Mayor.

Alderman A. W. MAWER, C.C.

The Deputy Mayor

Councillor F. D. GEE, C.C.

Health Committee.

Chairman : Councillor J. R. HULME.

Vice-Chairman : Councillor L. BETHELL.

Alderman A. W. MAWER, C.C. (ex officio)

„ R. P. BANNISTER, LL.B.

„ W. PLANT, J.P. ,

Councillor S. CLEGG.

„ W. A. COSTELLO.

„ T. DRIVER.

„ F. D. GEE, C.C.

„ W. HANLEY.

„ J. E. HILTON.

„ L. HOUSE.

„ D. JACKSON.

„ W. A. JONES.

„ C. MAPP.

„ Mrs. W. M. PHILLIPS, M.A., J.P.

„ P. ROWLES.

HEALTH OFFICERS OF SALE BOROUGH COUNCIL.

Medical Officer of Health.

F. APPLETON, M.B., Ch. B., D.P.H.

Chief Sanitary Inspector.

J. T. COCKCROFT, A.R.S.I., M.S.I.A.

Certified Meat and Food Inspector.

Sanitary Inspectors.

W. NORRIS, Cert. S.I.B.,

Certified Meat and Food Inspector.

J. CARTER, A.R.S.I., A.M.I.S.E.

Chief Clerk.

W. SHEPHERD.

Clerks.

H. L. LATHAM.

Miss E. ILES.

Miss A. SANDERS.

Ambulance Officer.

J. B. KIRKBY.

CHESHIRE COUNTY COUNCIL OFFICIALS.

Health Visitors.

Miss M. ROSS.

Miss H. WINGFIELD.

Miss W. COOK HERON.

Matron, Sale Day Nursery.

Mrs. E. HOWITT.

Annual Report of the Medical Officer of Health.

For the Year ending 31st December, 1945.

To His Worship the Mayor, Aldermen and Councillors of
the Borough of Sale.

Mr. Mayor, Mrs. Phillips and Gentlemen,

I have the honour to present to you the Annual Report on the work of your Public Health Department for the year 1945. This report is drawn up on the lines indicated by the Ministry of Health in Circular 2773.

The health of the people of this town has been satisfactory throughout the year under review.

The Birth Rate, although a little higher than that for the country as a whole, is below that of other towns similar to our own. It is our third highest rate since this Borough was given its Charter, the highest rate being last year and the second highest, in 1943.

Many young married people are still awaiting houses of their own, and it is possible that the Birth Rate will increase when the housing problem becomes less acute. Meanwhile we welcome the provision of family allowances which will help to relieve the burden of the large family.

The Death Rate is also lower than that of towns similar to our own. Deaths from malignant diseases form 17% of the total deaths. That is, of course, associated with the increasing age of the population, and each year the percentage of deaths from this source continues to rise in the Borough.

It is necessary to remember once again that with early treatment many cases of cancer can be cured, and to urge the importance of early medical advice.

The Infantile Mortality Rate is the lowest on record in this Borough, and compares very favourably with that of other similar towns. It is believed that the regular and painstaking, if unspectacular work of the Health Visitors has had some influence in giving us this record low rate.

There were no serious epidemics during the year and no deaths from infectious disease. Diphtheria has now become a rarity in this Borough and Scarlet Fever has again been mild in character.

The figures of Diphtheria Immunisation are given later in this report. It is, however, appropriate to record here our appreciation of the response of the public of this Borough to national and local advice on this valuable preventive measure. Parents in this district now rightly regard the early immunisation of their children as a duty to their children and the community. This happy state of affairs has come about partly because of the efforts of the Public Health Department, and of the propaganda of the Ministry of Health, but also because of the help of the general practitioners and the school teachers of this Borough. It is no longer necessary to urge Immunisation on the public of Sale, although we shall continue to remind them by films, slides and posters, and especially by personal contact, of the importance of giving every child this protection. We regret that new legalisation will remove the responsibility for Diphtheria Immunisation from this Authority, as we consider that this treatment should be a local service.

Immunisation against Whooping Cough was started in this Borough in 1942. It has been offered primarily to children under one year of age in order to give maximum protection during the time in the child's life when this disease is most disastrous in its effects. There is no doubt that this treatment does not offer as good results as diphtheria immunisation and it is too early for us to assess its value completely, but we hope that Whooping Cough Immunisation will have some effect in modifying the disease and in reducing both complications and mortality.

The Infant Welfare Centre has been well attended and the majority of the mothers in Sale take a keen and intelligent interest in the welfare of their children. The children are clean and well cared for, and the improved financial position of many of the poorer families together with the various schemes for the provision of milk and Vitamins has resulted in a general raising in the standard of clothing and nutrition of those families. It is a very rare occasion nowadays when we see a child whom we can say is really neglected.

The provision of at least two more Child Welfare Centres at Sale Moor and at Woodheys is urgently required and appropriate representations have been made from this authority to the Cheshire County Council. It seems possible that these representations will have some degree of success in the near future. Under new Legislation this Authority will not be able to control the Maternity and Child Welfare

Service, but it is hoped we shall still be able to influence the County Authority in the administration of this service, as we consider that to obtain maximum efficiency local interest is particularly essential in this service.

The Ante-natal Centre is also well attended, but we still find it difficult to persuade mothers to attend our Post-natal clinic.

The Day Nursery continues to do excellent work.

Most of the existing houses in this Borough are reasonably satisfactory. It is hoped that when the present housing schemes are completed, we shall be able to see that every house conforms with our standards. The possession of a bath and hot and cold running water should be possible for everyone and we shall hope to receive the help of private landlords in the provision of these amenities for their houses as soon as the supply position is more normal. Meanwhile the help of this Department will be given to all Owners in carrying out necessary repairs. It is unfortunately true that many houses have not had their usual standard of maintenance during the war years, but we do not intend that there will be a permanent reduction in the standard of housing of the people of this Borough. Indeed it is our intention to improve on pre-war standards as soon as the present housing shortage is abated.

The provision of adequate open spaces and of increased recreational facilities is essential and we welcome the Town Planning proposals in this respect.

The war made us all realise what a fine spirit of voluntary service exists in this town. This is my first opportunity of recording the wonderful help given so willingly by all the members of the Sale Civil Defence Casualty Services, and the co-operation of the Women's Voluntary Services and of the Wardens' Organisation. We are still receiving the valued help of volunteers in maintaining our Ambulance Services. I hope that this spirit of co-operation will continue, and that with the continued help of the Council and its officers your Public Health Department will make progress in its plans for the betterment of the health of the people of this Borough.

This report is a report on the work of your late Medical Officer of Health, Dr. Connolly, who served in this Borough prior to my appointment. While I was absent on War Service, he again stepped into the breach.

I should like to thank him and all the members of the staff of the Public Health Department who carried on so well while I was away, and who have given such willing service since my return. I should also like to thank the General Practitioners for their continued co-operation. I have also

received the help of all Departments of this Corporation and my thanks are due to them.

The welcome I received on my return to this Borough from the Mayor, the Chairman of the Public Health Committee, and all the members of the Council, the Town Clerk, and from many members of the public will remain long in my memory.

I have the honour to be,

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

BOROUGH OF SALE.

SECTION A.

Statistical Summary and Social Conditions of the Area.

Area 3,628.5 acres.

Population.

Estimated resident population (mid 1945) ... 41,715

Registrar General's estimate of the resident
population (mid 1945) 39,630

Houses.

Number of inhabited houses (end of 1945)
according to Rate Books 12,367

Rateable Value.

Rateable value of the district (end of 1945) £321,958

Sum represented by a penny rate £1,300

Social Conditions of the Area.

Sale has practically no industries and the majority of the residents are employed in the neighbouring industrial areas of Manchester, Trafford Park and Broadheath. The growth of Sale has taken place sufficiently recently for us to retain a reasonable area of open spaces. It was only during the war when many people spent their holidays at home that the advantages of their own town became apparent.

There is no Unemployment Exchange in the district and our residents are provided for at Altrincham. There is comparatively little unemployment in this district.

Extracts from Vital Statistics for the year 1945.

Births.

Live Births.	Males	Females	Total
Legitimate	316	288	604
Illegitimate	13	30	43
Total	329	318	647

Birthrate per thousand of the Registrar General's estimated resident population	... ..	16.33
Birthrate for England and Wales	... ..	16.10

Still Births.	Males	Females.	Total
Legitimate	10	6	16
Illegitimate	—	1	1
	<hr/>	<hr/>	<hr/>
Total	10	7	17
Rate per thousand (live and still births)	...	25.60	

Deaths.	Males.	Females.	Total
Total number of deaths	216	242	458
Rate per thousand of the Registrar General's estimated resident population	...	...	11.56
Death rate for England and Wales 1945	...	...	11.40

Deaths from Puerperal Causes.	Deaths	Rate per thousand (live and still births)
Puerperal Sepsis	Nil	Nil
Other puerperal causes	Nil	Nil
Total ...	Nil	Nil

Infantile Deaths.

All infants under one year of age—Total Deaths	19
Death rate of all infants per 1,000 live births	29.37
Death rate of all Legitimate infants per 1,000 legitimate births	29.80
Death rate of all illegitimate infants per 1,000 illegitimate births	23.26

Deaths from Tuberculosis.

Respiratory System.	Total.
Males	
5	12
Females	
7	
Non Respiratory System.	
Males	
1	1
Females	
Nil	
Total deaths	13

Deaths from Cancer.

Males	Females.	Total
39	42	81

Deaths from Diarrhoea under two years of age ... Nil.

Deaths from Zymotic Diseases.

Measles ...	...	...	...	All ages	Nil.
Scarlet Fever ...	...	...	...	„ „	Nil.
Whooping Cough	...	...	...	„ „	Nil.
Diphtheria ...	...	...	...	„ „	Nil.
Influenza ...	...	...	...	„ „	1
Total ...					1

TABLE I.

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rates and Case Rates for certain Infectious Diseases in the year 1945.

	England and Wales	126 County Boroughs and Great Towns, including London.	148 Smaller Towns Resident Populations 25,000 to 50,000 at 1931 Census	London Adminis'tve County	Sal
Rates per 1,000 Population.					
Births—					
Live	16.1	19.1	19.2	15.7	16.33
Still	0.46	0.58	0.53	0.40	0.43
Deaths—... ..					
All Causes ...	11.4	13.5	12.3	13.8	11.56
Typhoid and Paratyphoid Fevers ...	0.00	0.00	0.00	0.00	0.00
Small-Pox ...	0.00	0.00	0.00	0.00	0.00
Measles ...	0.02	0.02	0.02	0.01	0.00
Scarlet Fever...	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.01	0.02	0.00
Diphtheria ...	0.02	0.02	0.02	0.01	0.00
Influenza ...	0.08	0.07	0.07	0.07	0.03
Notifications—					
Whooping Cough...	1.64	1.65	1.47	1.25	1.11
Scarlet Fever	1.89	2.02	2.03	1.57	0.83
Diphtheria ...	0.46	0.52	0.56	0.31	0.02
Enteric Fever	0.02	0.01	0.02	0.01	0.00
Erysipelas ...	0.25	0.28	0.24	0.31	0.15
Pneumonia ...	0.87	1.03	0.72	0.78	0.28
Measles ...	11.67	10.89	11.19	9.03	3.93
Rates per 1,000 Live Births.					
Deaths under 1 year of age...	46	54	43	53	29.37
Deaths from Dia- rrhoea and Enteritis under 2 years of age	5.6	7.8	4.5	7.6	Nil
Rates per 1,000 Total Births (i.e. Live and Still)					
Maternal Mortality					
Puerperal Sepsis	0.49	} Not available			Nil
Others... ..	1.30				Nil
Total	1.79				Nil
Notifications—					
Puerperal Fever	} 9.93	12.65	8.81	3.60	Nil
Puerperal				15.87	0.50
Pyrexia ...					

Notes on Vital Statistics.

Our estimate of the population at the mid-year 1945 is 41,715. This is based on information received from the Food Office and is, in my opinion, more accurate than that of the Registrar General, which is 39,630, but for the purpose of calculating the vital statistics in this report, we have taken the figure of the Registrar General.

The increase of population in this district has been partly arrested by the war, but it is interesting to recall the following population statistics:—

Population census	1931	...	...	...	28,071
Population	1935	...	...	...	32,320
Population	1939	...	...	...	38,380
Population	1945	...	...	...	39,630

Births.

The total number of births registered was 647 (329 males and 318 females). Of this number 43 were illegitimate. Our Birth Rate is 16.33 per thousand of the population as compared with 16.1 for England and Wales and 18.86 for 1944. The Birth rate of the District is therefore almost equal to that of the Country as a whole. The proportion of female births to male births is 966 as compared with 1,000.

Deaths.

These numbered 458 (Males 216 and Females 242). The Death Rate per thousand of the estimated population was 11.56 as compared with 11.32 for 1944, and 11.4 for England and Wales. The Death Rate for this district was a little higher than for the country as a whole.

The causes of death will be found in Table 3, the chief cause of death being as follows:—

Diseases of heart and circulation	128	(127)
Cancer and Malignant Diseases	81	(76)
Intra-cranial vascular lesions	63	(52)
Pneumonia	20	(11)
Tuberculosis	13	(17)
Bronchitis	27	(29)
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Total	332	(312)

It will be seen that these causes accounted for 332 deaths out of the total of 458. Corresponding figures for 1944 are given in brackets. It will be noted that deaths from Cancer, Cerebral Haemorrhage and Pneumonia have increased, whilst deaths from Tuberculosis have been reduced.

Natural Increase in the Population.

The number of births exceeded the number of deaths by 189.

Infantile Mortality.

19 children under one year of age died during the year and this gives us an Infantile Mortality rate of 29.37 as compared with 45.45 for the previous year and 46.0 for the country as a whole. The Infant Mortality is, then, very much lower than that for the country as a whole.

Maternal Mortality.

There were no maternal deaths during the year. The maternal mortality of nil compares favourably with 5.20 for last year and 1.79 for the country as a whole.

It should be pointed out, however, that only one death would be sufficient, with our small number of births, to approximate our figure to that of the country as a whole. This figure can be very misleading in an area with a population as small as ours.

I should like to take this opportunity of stressing the importance of ante-natal supervision in all cases. The patients who engage their own doctor can arrange for this to be done through him, but the services of a consultant are available at the Welfare Centre where an Ante-natal clinic is held bi-monthly. The midwives of the district can thus arrange that their patients have skilled medical advice, and are able to bring their patients up whenever desired.

We also have a Post-natal clinic which is not attended as well as we should wish. This clinic can perform a very useful service in the prevention of invalidism following confinement. Unfortunately many mothers who have trouble after confinement regard it as a natural sequence and do not seek advice.

I should like to take this opportunity of appealing to both General Practitioners and Midwives to advise patients to utilise our Post-natal services.

Mortuary.

21 bodies were brought to the mortuary which is situated at the Cemetery. None were of an infectious nature. The average period of stay was three days.

14 post mortem examinations were held.

TABLE II.
INFANTILE MORTALITY.

Deaths from Stated Causes at Various Ages under 1 year of age.

Causes of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total Deaths under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
Broncho Pneumonia	1	—	—	—	1	1	—	—	—	2
Premature Birth	5	—	—	—	5	—	—	—	—	5
Congenital Malformations...	1	—	—	—	1	—	—	—	—	1
Congenital Heart Disease...	1	—	—	—	1	1	—	—	—	2
Congenital Debility	—	—	—	1	1	—	—	—	—	1
Asphyxia	2	—	—	—	2	—	—	1	—	2
Obstruction—Colon	—	—	—	—	—	—	—	1	—	1
Pyloric Stenosis	—	—	1	—	1	1	—	—	—	1
Suffocation	—	—	—	—	—	—	—	—	—	1
Atelectasis	—	—	—	—	—	1	—	—	—	1
Influenza	—	—	—	—	—	1	—	—	—	1
Osteomyelitis	—	—	—	—	—	1	—	—	—	1
TOTALS	10	—	1	1	12	6	—	1	—	19

TABLE III.

Causes of Death.

Registrar-General's Return.

DISEASES.	1945	
	M.	F.
Typhoid and Paratyphoid Fevers	—	—
Measles	—	—
Scarlet Fever	—	—
Whooping Cough	—	—
Diphtheria	—	—
Influenza	1	—
Encephalitis Lethargica	—	—
Cerebro-Spinal Fever	—	—
Tuberculosis of Respiratory System ...	5	7
Other forms of Tuberculosis	1	—
Syphilis	4	—
Cancer, Malignant Disease	39	42
Diabetes	3	4
Cerebral Haemorrhage, etc.	22	41
Heart Disease	52	68
Other Circulatory Diseases	2	6
Brónchitis	16	11
Pneumonia (all forms)	12	8
Other Respiratory Diseases	2	1
Peptic Ulcer	5	1
Diarrhoea, etc (under 2 years)	—	—
Appendicitis	1	1
Other Digestive Diseases	7	6
Acute and Chronic Nephritis	6	8
Puerperal Sepsis	—	—
Other Puerperal Causes	—	—
Congenital Debility, Premature Birth, Malformations, etc.	5	9
Suicide	1	1
Other Deaths from Violence	5	2
Other Defined Diseases	26	25
Road Traffic Accidents	1	1
TOTALS	216	242

SECTION B.

General Provision of Health Services for the Area.

Public Health Officers of the Local Authority.

The Medical Officer is also Medical Officer of the Child Welfare Centre.

The Chief Sanitary Inspector also acts as Cleansing Superintendent and he is in charge of the administration of the Shops Acts. There are two additional sanitary inspectors one of whom is qualified as a meat and food inspector in addition to his sanitary inspector's qualifications. There are four clerks.

The Chief Sanitary Inspector has been ill for some little time and Mr. Norris, the senior of the additional sanitary inspectors, has been carrying out the duties of Chief Sanitary Inspector during his absence.

One of the clerks, Captain Latham, who has recently been demobilised has had considerable experience in Army Hygiene. Before entering H.M. Forces he was a pupil sanitary inspector in this department and he is now employed principally in assisting the other sanitary inspectors during the absence of the Chief Sanitary Inspector. It is hoped that he will soon be a qualified sanitary inspector, but meanwhile he is doing very valuable work.

Under the Cheshire County Council are the three Health Visitors who also act as school nurses. The co-operation of these nurses is greatly valued by this Department.

Miss Ross, the senior of the Health Visitors has done a great deal of quiet, capable, steady, unassuming work, and she will be greatly missed by many homes when she goes to her well earned retirement. I draw attention to her particularly, as, this year, she celebrated her silver jubilee as a Health Visitor in this Borough.

Laboratory Facilities.

As we have no Laboratory in Sale, the specimens were submitted to the Department of Bacteriology and Preventive Medicine of the University of Manchester, and the Laboratory of Evans Biological Institute, Runcorn.

During the year 1945 the following specimens were examined:—

14 throat swabs for Diphtheria, all of which proved negative. (University of Manchester).

20 throatswabs were examined, 1 of which was positive. (Evans Biological Institute).

10 specimens of sputum were bacteriologically examined for Tubercle Bacillus by the Department of Bacteriology and Preventive Medicine of the University of Manchester; 2 were positive.

113 specimens of sputum were bacteriologically examined for Tubercle Bacillus by the Public Health Laboratory of the County of Chester, 12 of which were positive.

Ambulance Facilities.

(a) For infectious cases

The ambulance service of the Monsall Hospital is utilised for this purpose.

(b) For non-infectious and accident cases.

Two Austin Ambulances of the two-stretcher type are provided by the Health Committee in Sale. These ambulances are used for accident cases in the district and for the removal of patients to and from the Altrincham General Hospital, the two Sale Hospitals, the Manchester Hospitals and the County Council Institutions.

In addition we have to utilise three converted vehicles which were not originally intended for use for ambulance purposes. These vehicles were gifts to this Borough by the Sale Casualty Services, Mr. Asbridge, and the late Mrs. Gordon, then Mayoress of Sale. They were given with the intention of providing additional vehicles for the Civil Defence Casualty Services and were never intended for use as a permanency.

With the increasing age of the ambulances, the responsible authority, be it this Council or another body, will have to consider very soon the provision of at least two new ambulances.

A recommendation was made to this Council early in 1942 for the purchase of additional ambulances. Financial reasons prevented this recommendation being put into effect.

In 1945, 1,744 journeys were made, the total mileage being 21,369 miles. The average number of miles per journey works out at 12.3. In 1938 the ambulances were in use on 905 occasions, the mileage being 10,150. At that time we had three ambulances all of which had been built for that particular purpose. It will be seen that for approximately twice the number of journeys and twice the mileage, we now have only two ambulances which have been specially built for that purpose.

Prior to the war the Fire Brigade Committee maintained a very efficient ambulance service. They were able to work with fewer personnel as even when off-duty the ambulance personnel was connected by telephone to the Fire Station.

Now we cannot maintain our present service without the help of voluntary personnel for night duty. This voluntary personnel is recruited principally from the St. John Ambulance Brigade and the British Red Cross Society, but also, from gentlemen who have been trained in first-aid during the war years and still willingly give their time to the service of their town.

Nursing in the Home.

The services of a District Nurse are available throughout the Borough. Two nurses are available, one being under the control of the Sale and Brooklands War Memorial Hospital and the other of Ashton-upon-Mersey Hospital and Nursing Home. The District Nurses do a great deal of extremely valuable work and from every source we hear good reports of their services. They are not, of course, available for the nursing of infectious cases.

Clinics and Treatment Centres.

The Welfare Centre in Chapel Road is a new and admirable building. It is used as a school clinic for minor ailments in addition to being used as a Welfare Centre and Ante-Natal Clinic. There is also an Ultra Violet Ray Clinic and a Refraction Clinic. A dental surgeon attends daily. The Voluntary Committee do and have done a great deal of extremely efficient and unobtrusive work.

Artificial Sunlight Lamps and a new Dental X-Ray apparatus have been recently provided by this Committee, and a great deal of the credit for the provision of this beautiful building rests with them.

Although under present legislation there appears to be no chance of the Sale Borough running its own Child Welfare Services, I have no doubt that the public of Sale will, through the agency of this Committee, continue to play a full part in any improvement to the Child Welfare Centre.

The Child Welfare Centre is placed close to the administrative centre of the district and does not now occupy the best position from a population point of view. It is necessary that two further Child Welfare Centres should be provided in the Sale Moor and Woodheys districts. As it is, considering the distance they have to come, this centre is extremely well attended by the mothers and babies of Sale.

The Cheshire County Council have tentatively agreed to provide an additional centre at Woodheys and I understand that they are making enquiries as to a suitable building. A Child Welfare Centre at Sale Moor is equally necessary.

Scabies Clinic.

A special clinic is held twice weekly at a cleansing centre at present established in the old gas cleansing portion of the Moorlands First-Aid Post.

There are two Ascot water heaters which supply hot water for the showers.

The incidence of this disease has gone down considerably during the year. Before the war years, scabies was a disease of which we saw little in Sale, and at the present time the need for this clinic is diminishing.

In this clinic are treated women and children of all ages; adult male patients are treated by appointment in the evenings at the same premises.

The dates and times of the clinics are given below:—

Minor Ailments Clinic. Each school day, 9 — 10-30 a.m.

School Medical Officer. 2nd Tuesday morning each calendar month from 9-30 a.m.

County Ophthalmic Surgeon. By appointment. Usually about forty sessions per annum.

Infant Welfare Centre. Tuesday and Thursday afternoons 2 to 4 p.m.

Toddlers' Day. 2nd Wednesday in each calendar month 2 to 4 p.m.

Ante-Natal Clinic. 1st and 3rd Wednesday in each calendar month, 2 to 4 p.m.

Post-Natal Clinic. 4th Wednesday in each calendar month 2 to 4 p.m.

Artificial Sunlight. Monday and Thursday mornings 9 to 12.

Massage. Tuesday afternoon and Friday morning.

Immunization. Friday morning from 10-30 a.m.

Scabies Clinic. Monday and Thursday 9 to 12 (at Moorlands).

Day Nursery.

The Day Nursery was opened in November 1942 as a war-time nursery under the Ministry of Health. It was transferred to the Maternity and Child Welfare Authority (the Cheshire County Council) on the 1st April, 1946.

The Nursery is capable of accommodating fifty children and is always full to capacity; there is a waiting list of approximately forty children at the present time. It is open from 7 a.m. to 7 p.m. on weekdays and from 7 a.m. to 1 p.m. on Saturdays.

During the war years the principal object of the nursery was to accommodate the children of women who went out to work, but since the war ended it has been possible to take temporarily the children of women when a new baby is expected or when the mother is sick.

It is believed that there will always be a need for the Nursery to accommodate some illegitimate children and children from "problem families." We have not very many "problem families" in Sale where, almost always children are well cared for and enjoy good homes. As it is not claimed that the Nursery can ever substitute for a good home, it is anticipated that the need for a nursery should decrease, but unless the domestic help position improves considerably, the demand for the nursery for the temporary accommodation of the children of women during confinement is likely to continue or even to increase.

The Sale Nursery is a pre-fabricated building of an ugly external appearance but which has an extremely cheerful atmosphere inside. The Matron and the Nurses are all interested in their work and it is not difficult to see that the children are happy. The cooking is good. Excellent toys were provided chiefly through the agency of Miss Brindley, late H.M. Inspector to the Board of Education and were made by the children of Norris Road and Worthington Road Schools.

There have been no serious epidemics since the Nursery opened. In 1943 there were 10 cases of Measles; in 1944, 8 cases of Measles and 7 cases of Scarlet Fever and in 1945, 4 cases of Whooping Cough, 1 case of Chicken Pox and 1 case of Scabies.

The children are immunised against Diphtheria immediately after admission to the Nursery. It has not been customary for the children to be examined prior to admission as there is no local Medical Officer who is responsible for the Nursery. Although there is no local responsibility and, officially, the local Medical Officer of Health has no authority except as regards Infectious Disease, a close co-operation does exist between the Nursery and the Public Health Department.

Hospitals.

(1) Isolation Hospital.

We have no Isolation Hospital in Sale. At present our cases are admitted into Monsall Hospital.

(2) Smallpox Hospital.

Arrangements have been made through the Bucklow Joint Board for the treatment of any smallpox cases in the Manchester smallpox hospital.

(3) Sanatoria.

The County Council arrange for the admission of patients to various sanatoria. Most people from this district go to the Cheshire Joint Sanatorium at Market Drayton.

(4) **Maternity and Children.**

There is no special Hospital provided in Sale for Maternity cases or for the treatment of children. Nursing assistance is provided for maternity cases by the County Council. The County Council also provides for medical and specialist attention in cases where this is required.

Both at the Sale and Brooklands War Memorial Hospital and at the Ashton-on-Mersey Hospital and Nursing Home, beds are provided for maternity cases.

(5) **Orthopaedic.**

An Orthopaedic Clinic is run at Altrincham by the County Council for the specialist treatment of orthopaedic cases and is attended by patients from this district. They are referred to hospital if they require in-patient treatment.

(6) **Other.**

There are no other provided hospitals but there are two voluntary hospitals in the district, the Sale and Brooklands War Memorial Hospital and the Ashton-upon-Mersey Hospital and Nursing Home. Beds are provided at both hospitals for medical and surgical cases. Both these hospitals do very excellent work and the only criticism one can make is that they are too small for the needs of the district. The excellent Manchester hospitals are all within easy reach of the Borough and provide a range of treatment which is extremely comprehensive.

SECTION C.

Sanitary Circumstances of the Area.

Water Supply.

The water supply is obtained from the Manchester Corporation.

Analyses were not undertaken at the request of the Council but the Manchester Corporation carry out periodical bacteriological and chemical analyses.

The water supply has been satisfactory in quality and quantity.

Bacteriological examinations are made of the raw water and of the water going into the supply. In the latter case, out of 108 samples tested, 107 were found to be free from coliform bacteria. The results of the chemical analyses were satisfactory.

As a precaution against plumbo-solvent action, the water is treated with hydrated lime. This reduces the lead content of water, after standing for 18 hours in lead service pipes, to about 0.25 parts per million.

Drainage and Sewage Disposal.

Sale Corporation Sewage Works are situated in Ashton at the North Western boundary of the district. They are of modern construction having been completed in 1935. They deal with a Dry Weather Flow of 2,000,000 gallons.

Seven automatically controlled pumps raise crude sewage to the Sedimentation Tanks which have a total capacity of 776,000 gallons. Sludge is removed by hydrostatic head via a main to the sludge area. The sludge area is now reaching its maximum level, and further land for the reception of sludge has recently been acquired. A sludge pumping station to convey the sludge to this new area will be provided as part of the new extension scheme. The tank effluent discharges by gravitation for biological oxidation to the Bacteria Beds which are 94 feet in diameter and have a total content of 18,620 cubic yards. The Distributors are rotary.

The filter effluent is discharged into four humus tanks which have a total capacity of 312,000 gallons. Humus sludge is pumped back to the sedimentation tanks for re-treatment. Sludge is disposed of by means of lagoons and drying beds.

The Storm Water Tanks have a total capacity of 468,000 gallons and deal with sewage in excess of three times the D.W.F. and up to seven times the D.W.F. There are two storm water pumping stations adjacent to the main sewers, which pump storm water in excess of seven times D.W.F. direct to the River.

The Final Effluent is quite satisfactory.

The works laboratory analysis gave results showing good purification and well within the Ministry of Health's Standards.

Samples taken by the Lancashire Rivers Board were classified as good.

Although these works are of modern construction, owing to the rapid growth of the district they will have to be enlarged shortly. An extension scheme to the new works is proposed. It provides for a new circular sedimentation tank, four new filters, rotary distributors and the new sludge pumping station referred to above. An office and a laboratory are also to be provided under this scheme.

During the year 726,088,000 gallons were treated.

I am indebted to Mr. Hodder, the Sewage Works Manager, for the information given above.

Smoke Abatement.

There have been no complaints of smoke nuisance during the year. In a residential district such as this the only smoke nuisance is from the domestic chimney.

At the present time public opinion has not advanced sufficiently to eliminate this source of atmospheric pollution.

We shall watch with interest the progress in the modern developments in the use of smokeless fuel.

The housewives preference for the burning of coal will not be easily overcome, and it hard to see how Owner-Occupiers, of whom there are a great many in this area, will be persuaded to the advantages of providing special grates for smokeless fuel.

It seems to us that when a large number of houses have been provided with these modern facilities, it will be necessary for a Nation-wide campaign to persuade the public to use, for their proper purpose, grates provided for the burning of smokeless fuel.

It is feared that if coal again becomes readily available, the British housewife will need a great deal of convincing that other forms of fuel are preferable.

Swimming Baths.

Public Baths.

There is one Public Swimming Bath in the area with a capacity of 66,000 gallons. The water is treated by filtration and chlorination. In the same building there are six slipper baths.

Private Bath.

There is also one private swimming bath in the district with a capacity of 156,000 gallons or almost three times the capacity of our public swimming bath. This was a modern one and very satisfactory, and it is a matter for regret that owing to war conditions it has been closed and is not yet re-opened.

We now have, therefore, only one public swimming bath and the provision of another is urgently required. It is hoped that this will not be long deferred and that the Youth of this district will have proper facilities once again.

Cemeteries.

There is one cemetery in the district and it occupies an area of 17 acres.

Open Spaces and Pleasure Grounds.

We have in this Borough an area of approximately one hundred acres of private open spaces. In addition there is an area of approximately 100 acres of public open spaces, and it is anticipated that a further one hundred acres of public open spaces will be provided, making a total of approximately three hundred acres or 8 per cent. of the total area of the district.

We also have the advantage of Carrington Moss which lies outside the western boundary of the district.

I append below a table of open spaces provided in the district.

TABLE IV.

Area of Public Open Spaces.

					Area in Acres.	Totals.
St. Anne's Ward.						
Sale Park	...	...	...	...	16.14	
Clarendon Crescent			...	...	12.68	
Priory	...	...	...	...	4.04	
Northenden Road—Little Park			...	...	0 62	
					<hr/>	33.48
Sale Moor Ward.						
Moor Nook	...	...	...	...	13.20	
Fairy Lane	...	...	...	...	0.26	
					<hr/>	13.46
Brooklands Ward.						
Wilford Avenue	...	...	...	...	1.80	
Walton Road	...	...	...	...	11.02	
Boundary Brook Reservation			...	...	1.66	
					<hr/>	14.48
St. Paul's Ward.						
Symons Road	...	...	...	...	1.23	
Goodier Street	...	...	...	...	1.33	
					<hr/>	2.56
St. Mary's Ward.						
Cecil Avenue	...	...	...	...	13.39	
Woodheys	...	...	...	...	2.70	
					<hr/>	16.09
St. Martin's Ward.						
Ashton Park	...	...	...	...	12.68	
Carrington Lane Rest Park			...	...	0.21	
					<hr/>	12.89
St. John's Ward.						
North Parade Rest Park	...		...	...	0.22	
Brooklands Rest Park			...	...	1.12	
					<hr/>	1.34
Mersey Ward	...	...	...	...	Nil.	Nil.
					<hr/>	
					Acres	94.30

I am indebted to the Borough Surveyor for the above table.

With the privately owned Golf, Rugby, Bowling and Tennis Clubs and the sporting and recreational facilities provided by the Council, this district, in the past, has been considered reasonably satisfactory in its provision of sporting and recreational facilities.

The increased leisure which can be anticipated when the present shortages have been overcome will make it necessary for more provision to be made for sports facilities and it is hoped that a substantial proportion of the further one hundred acres of public open spaces to be provided will be utilised for this purpose.

Community Centres.

The Sale Council have not as yet been able to provide a Community Centre in Sale, but in the Sale Moor area the residents are using one of the schools.

In addition the ex-members of the Civil Defence Wardens' Association have established a club and another has been established by the Home Guard. Undoubtedly these two organisations did do a great deal to foster community spirit in Sale during the war years and this Borough now has a civic consciousness which it did not previously possess.

As a measure for providing proper use of leisure this department is very interested in the suggestions for community centres.

Rivers and Streams.

The Mersey and Irwell Joint Committee deal with any pollutions of the River Mersey which is one of our natural boundaries. It has not been necessary for us to take any action during the year.

Closet Accommodation.

The whole of the district except a few outlying farms and cottages, is on the water carriage system.

Public Cleansing.

The Surveyor's Department deal with the street cleansing and the Sanitary Inspector controls the work of collecting and disposal of house and some trade refuse. All refuse is collected regularly where dustbins are provided. The vehicles used for collection of refuse are five S.D. Freighters and one Dennis. Five of the vehicles have sliding metal covers opening in section at each side, and one S.D., which is our oldest vehicle, is provided with canvas covers opening in sections.

Certain classes of trade refuse are delivered to the tip by the Traders. In other cases the Council collect and charge at the rate of 3d. per bin.

TABLE V.
Refuse Collection and Disposal Costs.

	Collection, with depreciation or loan charges included or excluded.		Disposal, with depreciation or loan charges included or excluded.		Total.	
	Included	Excluded	Included	Excluded	Included	Excluded
Gross Expenditure	£ 7080	£ 6817	£ 1942	£ 1726	£ 9022	£ 8553
Gross Income	13	13	58	68	81	81
Net Cost	7067	6804	1874	1658	8941	8472
UNIT COSTS						
Net Cost per 1,000 of pop.	£ 169	£ 163	£ 45	£ 40	£ 214	£ 203
Net Cost per 1,000 houses or premises from which refuse is collected	571	550	151	134	722	684

The Transport at the present time is being worked to the limit of its capacity, and, as some of the vehicles have been in use for over 10 years, running costs and repairs will be increased.

Salvage.

During the year 1945 salvage of waste material was carried on and a total of £1,992 6s. 9d. was realised as compared with the period ended 31st March, 1945, which amounted to £2,449 11s. 6d.

The total weight of Salvage collected since 1939 to March 1946, is 3,004 tons and the income from the sale of these materials—£14,195.

Salvage—April, 1945 to March, 1946.

	Tons.	Cwts.	Qrs.	Lbs.	£	s.	d.
Mixed Paper... ..	198	10	3	—	1265	13	3
Books, Magazines, etc. ...	10	3	2	—	94	2	4
Ferrous Metals	16	14	2	—	30	18	5
Non-Ferrous Metals ...	2	2	3	—	52	12	9
Rags, etc.	18	4	0	16	210	0	4
Bottles and Jars	13	17	1	11	48	11	7
Batteries	1	19	3	0	9	18	9
Bones	4	15	0	0	24	18	6
Broken Glass	1	0	1	—	1	0	3
Rubber	—	1	2	9		1	7
Boots and Shoes	—	2	2	—		10	0
String	—	18	1	0	6	7	9
Kitchen Waste	150	6	1	0	247	11	3
Total	418	16	2	8	1992	6	9

SANITARY INSPECTION OF THE AREA.

Inspections made during the Year.

Drainage Inspections,	112
House Inspections for Defects, etc.	259
House Inspections for Infectious Diseases (inc. Scabies)	92
Re-inspections	587
Rooms Disinfected after Infectious Diseases	97
Workshops and Factory Inspections	64
Bakehouse Inspections	29
Food and Drugs Acts Inspections	206
Slaughterhouse Inspections	7
Cowsheds and Dairies Inspections	124
Vermin Inspections	120
Rats and Mice Inspections	104
Pig Sties	20
Miscellaneous	264
Letters and Informal Notices	176
Statutory Notices Served	33
Complied with by Owners	1
Work carried out by L.A. in Default	Nil.

WORK CARRIED OUT DURING THE YEAR

UNDER THE PUBLIC HEALTH AND HOUSING ACTS.

Defective roofs	36
,, gutters	31
,, rainwater fallpipes	13
,, soilpipes	3
,, sinks	5
,, sinkwaste pipes	8
,, floors	12
,, fire-ranges	18
,, yard surfaces	4
,, washboilers	4
,, plaster	23
,, pointing to brickwork	13
,, windows and doors	59
,, drains	54
,, waterclosets	16
,, closet cisterns	15
,, damp walls	18
,, drains re-constructed	9
Dangerous walls and chimneys	2
Offensive refuse removed	3
Nuisances arising from keeping animals	1
Defective hot water systems	6
Burst water pipes repaired	12
Dustbins renewed	1389

Shops and Offices.

Under the Shops Act 1934 and Public Health Act 1936, Shops and Offices where persons are employed must be provided with suitable and sufficient sanitary accommodation. 103 inspections have been made during the year.

Eradication of Bed-bugs.

1. (a) Number of Council Houses found to be infested... 9
- (b) Number of Other Houses found to be infested... 8
- (i) Number of Council Houses disinfested 9
- (ii) Number of Other Houses disinfested 8

A 5 per cent. solution of D.D.T. in kerosene has been used for disinfestation, with very satisfactory results. We have found D.D.T. to be far superior to other liquid insecticides and sulphur fumigation, which were the methods adopted in the past. The advantages and efficiency of D.D.T. are already well-known, and the fact that this method is completely safe, and that the action of D.D.T. persists for some time, makes it an excellent form of treatment for bed-bugs.

Other Vermin.

(1.) Cockroaches.

Since D.D.T. was made available for public use, occupiers of dwelling-houses infested with cockroaches have been advised to use D.D.T. in the form of 5 per cent. dusting powder and to apply it underneath skirting-boards, crevices, etc. Provided that applications are made frequently and consistently it is a good method of treatment for these vermin.

(2.) House Flies.

The eradication of these insects in dwelling-houses, kitchens, food preparation premises, etc., was very difficult in the past, as there was no insecticide or other method of treatment which gave satisfactory results. Light spraying of infested rooms with a 5 per cent. solution of D.D.T. has been found to be a very efficient remedy.

Rats and Mice.

The Council act as agents for the County Council in the administration of the Rats and Mice (Destruction) Act, 1919, etc. One of the Sanitary Inspectors holds the appointment of Rodent Officer, and one of the employees in the Health Department acts as Rodent Operative under his direction. Non-agricultural premises only are dealt with by this Council. Agricultural premises are the responsibility of the County Council.

During the year ending 31st March, 1946, 5 serious and 33 minor cases of rat infestation were dealt with; 14 of these were dealt with by the Council on behalf of the occupiers, while the remainder were dealt with by the occupiers themselves. Many of the minor cases were associated with domestic poultry keeping.

The Council's Tip and Sewage Works are inspected regularly and treated from time to time, as necessity arises. The methods used in the extermination are those recommended by the Ministry of Food.

SECTION D.

Housing.

In common with many districts in the country at the present time there is an acute shortage of houses.

Just before the war we had knowledge of only eight remaining cases of overcrowding in this district. The position to-day is a very different one and even by the comparatively easy standards of the Housing Act, 1936, we know of 77 houses which are overcrowded.

No action has been taken under Sections 9, 11 and 13 of the Housing Act, 1936, during the war and indeed licenses have been issued in respect of eight houses which were awaiting demolition in pursuance of previous Clearance Orders. It is not our intention that any further such licences will be issued and preparations are now in progress to make representations to the Council in respect of unfit houses.

Some difficulty has been experienced with regard to housing repairs during the last few years. On the whole landlords and builders have been co-operative, and we hope, as the shortage of materials and labour becomes less acute, we shall be able to return to our pre-war standards.

Housing Statistics.

Total number of houses built during the year...	Nil.
(a) By private enterprise	Nil.
(b) By the Local Authority	Nil.
1. Inspection of dwelling houses during the year :—	
1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts).	291
(b) Number of inspections made for the purpose	846
2. (a) Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	31
1. (b) Number of inspections made for the purpose	76
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	271

2. Remedy of defects during the Year without Service of Formal Notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers 135

3. Action under Statutory Powers during the Year:—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act 1936.

(1) Number of dwelling houses in respect of which notices were served requiring repairs 31

(2) Number of dwelling houses which were rendered fit after service of formal notices :—

(a) By Owners Nil.

(b) By Local Authority in default of Owners Nil.

(b) Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 2

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—

(a) By Owners 1

(b) By Local Authority in default of Owners Nil.

SECTION E.

Inspection and Supervision of Food

Milk Supply.

As stated in previous reports, we are depending more as the district grows upon outside sources for the Milk required in this area. The total number of Milk Cows kept at the end of the year was 105.

We have now on the register 7 producers and 50 purveyors of Milk; of these 44 have premises within the district and the remaining 6 sell Milk in the district but their premises are registered in other areas.

13 are licensed to sell Tuberculin Tested Milk.

1 is ,, ,, ,, Accredited Milk.

9 are ,, ,, ,, Pasteurised Milk.

2 ,, ,, ,, produce Accredited Milk.

1 is ,, ,, bottle Accredited Milk.

Unsound Food.

The following unsound food has been surrendered during the year, 1945.

Beef	20 lbs.
Beef Trimmings	20 lbs.
Beasts Liver	23 lbs.
Butter	5 lbs. 2 ozs.
Jam	29 lbs.
Tinned Milk	42 tins
Tinned Meat	(259 lbs.) 183 tins
Tinned Fish	506 tins
Tinned Soups	22 tins
Tinned Vegetables	451 tins
Sugar	100 lbs.
Sugar Rusk	28 lbs.
Mincemeat	32 lbs.
Tea	244 lbs.
Mussels	1 cwt.
Cod Fillets	3 stone,
Kippers	10 stone
Celery Salt	8½ lbs.
Cake and Pudding Mixture	12½ lbs.
Semolina Pudding	8½ lbs.

Food Enforcement.

The Sanitary Inspectors are also Food Enforcement Officers.

Food and Drugs (Adulteration) Act 1928.

The following samples were obtained in the Borough of Sale during the year ended 31st December, 1945. These particulars were obtained from the Chief Inspector, Weights and Measures Department, Chester, whose Officers are responsible for the administration of the Act.

Name of Sample	Number Obtained.	Number adulterated or not up to standard.
Bacon	1	—
Cooking Fat	1	—
Glycerine	6	—
Margarine	1	—
Milk... ..	60	—
Butter	1	—
Cheese	1	—
Sugar	1	—
Sausages	5	3
Vinegar	3	—
	80	3

The three samples reported against were not adulterated in the accepted sense of the word—the offences were purely an infringement of the Regulations relating to labelling. In each instance the sellers were cautioned.

TABLE VI.
Bacteriological Examinations of Milk, 1945.

	$\frac{1}{2}$ hr.			Methylene Blue Test			B. Coli			Bacterial Count			Phosphatase Test		
	Total	Satisfactory	Unsatisfactory	Total	Satisfactory	Unsatisfactory	Total	Satisfactory	Unsatisfactory	Total	Satisfactory	Unsatisfactory	Total	Satisfactory	Unsatisfactory
Local Producers and Local Producer/Retailers :—															
1. Ordinary Milk	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—
2. Accredited Milk	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
From Local Retailers :—															
(a) Milk produced in Sale	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Milk produced outside Sale :—															
(i) Pasteurised	4	2	2	—	—	—	2	—	2	2	—	2	2	2	—
(ii) Heat Treated	—	—	—	—	—	—	1	—	1	1	—	—	3	2	1
From Outside Retailers delivering in Sale :—															
Pasteurised	—	—	—	—	—	—	1	1	—	1	—	1	2	2	—
From Outside Producers :—															
1. Undesig.	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—
2. Accredited Milk	—	—	—	7	3	4	7	2	5	—	—	—	—	—	—
3. Heat Treated Milk	1	—	1	—	—	—	—	—	—	—	—	—	1	1	—
4. Pasteurised	2	1	1	—	—	—	9	—	9	8	3	5	9	9	—
5. Tuberculin Tested	—	—	—	2	1	1	2	2	—	—	—	—	—	—	—
School Milk Pasteurised	—	—	—	—	—	—	3	—	3	3	3	—	3	3	—
Totals	7	3	4	12	6	6	28	7	21	15	7	8	20	19	1

Factories, Workshops and Workplaces.

1. Inspection of Factories; Workshops and Workplaces, including inspections made by Sanitary Inspector or Inspector of Nuisances.

PREMISES (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers prosecuted (4)
Factories with mechanical power	34	1	—
Factories without mechanical power	30	—	—
Other premises under the Act (including works of building and engineering construction but not including outworkers' premises)	—	—	—
TOTAL	64	1	—

2. Defects Found

PARTICULARS (1)	Number of Defects			Number of defects in respect of which Prosecutions were instituted. (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of Cleanliness (S.1) ...	1	1	—	—
Overcrowding (S.2)				
Unreasonable temperature (S.3)				
Inadequate Ventilation (S.4)				
Ineffective drainage of floors (S.6)				
Sanitary Conveniences { insufficient unsuitable or defective not separate for sexes	—	—	—	—
Other Offences (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order 1921, and re enacted in the Third Schedule to the Factories Act, 1937				
TOTAL	1	1	—	—

SECTION F.

Prevalence and Control over Infectious and other Diseases.

The following Table shows the number of cases of each of the diseases notified during the year, the number sent to hospital and the deaths from these diseases.

TABLE VII.

Notifiable Diseases.

(Other than Tuberculosis), during the year 1945.

Disease.	Total cases notified.	Cases admitted to Hospital	Total Deaths.
Measles	156	1	—
Whooping Cough	44	1	—
Scarlet Fever... ..	33	11	—
Pneumonia (primary or influenzal)	11	*	7
Erysipelas	6	1	—
Diphtheria	1	1	—
Cerebro-Spinal Meningitis ...	1	1	—
Dysentery	1	—	—
Small-Pox	—	—	—
Enteric Fever (including Paratyphoid)	—	—	—
Puerperal Pyrexia	2	2	—
Ophthalmia Neonatorum ...	3	1	—
TOTALS	258	19	7

* Number of cases admitted to hospital unknown ; these cases are admitted by the general practitioners directly to hospital.

It will be noted that there were no deaths from any of the notifiable infectious diseases with the exception of Pneumonia.

TABLE VIII.

The following Table gives the age-incidence of the above mentioned Notifiable Diseases.

Age Periods	Scarlet Fever	Diphtheria	Pneumonia	Erysipelas	Whooping Cough	Measles	Cerebro Spinal Meningitis	Ophthalmia Neonatorum	Dysentery
0—	—	—	—	—	2	2	—	3	—
1—	1	—	—	—	11	33	—	—	—
3—	7	—	—	—	7	48	—	—	1
5—	9	1	1	—	24	62	—	—	—
10—	7	—	—	—	—	9	—	—	—
15—	5	—	—	—	—	1	—	—	—
25—	4	—	—	—	—	1	—	—	—
35—	—	—	2	1	—	—	—	—	—
45—	—	—	5	4	—	—	1	—	—
65 and over	—	—	3	1	—	—	—	—	—
TOTAL	33	1	11	6	44	156	1	3	1

TABLE IX.

Ward Distribution of Notified Cases of Infectious Diseases.

Disease	St. Ann's	Brooklands	Sale Moor	St. Pauls	St. Johns	St. Martins	St. Marys	Mersey	Totals
Scarlet Fever	1	13	3	3	3	4	3	1	33
Pneumonia	3	1	2	1	2	—	2	—	11
Diphtheria	—	—	—	1	—	—	—	—	1
Erysipelas	1	1	1	—	—	1	—	2	6
Ophthalmia Neonatorum ...	1	—	—	—	1	—	1	—	3
Measles	20	31	47	10	24	8	12	4	156
Whooping Cough	3	4	16	3	5	6	3	2	44
Cerebro Spinal Meningitis ...	—	—	—	—	—	—	—	1	1
Dysentery	—	—	—	—	—	—	1	—	1
Totals	29	50	71	20	35	19	22	10	256

Measles.

There were 156 cases of Measles notified during the year as compared with 281 in 1944, giving a case rate of 3.93 per thousand, as compared with 7.08 for 1944 and 11.67 for the country as a whole.

Whooping Cough.

There were 44 cases of Whooping Cough notified during the year compared with 9 in 1944, giving a rate per thousand of 1.11 compared with 0.22 for 1944 and 1.64 for the country as a whole.

Whooping Cough Immunisation.

Immunisation against Whooping Cough was commenced in this Borough in 1942.

During 1942, 335 children were treated, and 291 children during 1943. Most of these children were under one year of age.

The vaccine employed was given in four doses of 1 c.c. There were a number of children who had some local reaction, but general reactions were never severe, and of approximately seven hundred children who commenced treatment, 626 completed it. In addition, about 100 children were immunised privately. Considering the necessity for four attendances, the demand for this treatment exceeded our expectations.

An attempt is being made to ascertain the incidence of Whooping Cough among this immunised group of children.

In 1944 and 1945, the treatment was discontinued, but has been resumed during 1946.

Scarlet Fever.

This disease has been of a mild character for several years. The policy was continued of not admitting uncomplicated cases to hospital unless it was rendered necessary by special circumstances such as overcrowding or lack of proper isolation facilities.

It is interesting to recall its incidence in this Borough. In both 1935 and 1936 we had 75 cases notified. This figure rose to 82 in 1937 and to 122 in 1938. In 1939 the incidence fell to 77 and reached the record small figure of 25 in both 1940 and 1941. These two years were the only period of the war in which it was necessary for the public of this Borough to use their Air Raid Shelters at all extensively.

In 1942 and 1943 when "shelter life" did not occur to any appreciable extent we again saw a rise in the incidence to 96 in 1942 and 132 in 1943. Since that time the incidence has again fallen to 113 in 1944 and 33 in 1945.

It is necessary to add that the rise and fall in the incidence of this disease in this Borough has conformed with that of the country as a whole, but it is interesting to note that "shelter life" apparently played no part in the spread of this disease.

There were 33 cases notified and of these one third (11) were admitted to hospital. The case rate for 1945 is 0.83 as compared with 1.89 for the country as a whole and 2.84 for 1944.

Erysipelas.

6 cases were notified during the year as compared with 12 in 1944. This gives us a case rate of 0.15 per thousand as compared with 0.25 for the country as a whole and 0.30 for 1944.

Diphtheria.

It will be noted that there was only one case of Diphtheria notified during the year. This gives a notification rate of 0.02 per thousand of the population as compared with 0.05 for 1944 and 0.31 for the country as a whole.

At this point it is interesting to recall the incidence of Diphtheria in this district since the commencement of Immunisation at the end of 1935, and a Table is submitted of the number of cases notified and the number of deaths from this disease during the ten years, 1936 to 1945

TABLE X.

Diphtheria Incidence and Mortality.

Year	Cases notified	Deaths
1936	109	12
1937	41	3
1938	36	2
1939	19	—
1940	17	—
1941	14	—
1942	11	1
1943	13	1
1944	2	—
1945	1	—

It will be seen that the incidence of Diphtheria has been steadily reduced in spite of a potential source of infection on the Continent. It has not been subject to rises and falls as with Scarlet Fever. There has only been one case of Diphtheria (mild) in our immunised population.

Immunisation.

This Council has always lent its full support to any scheme which makes for the better health of the community, and this Authority was the first Authority in Cheshire to commence Diphtheria immunisation.

Since 1939 special weekly immunisation clinics have been held, and children have been immunised from the age of six months. The schools were also visited until the autumn of 1942 for immunisation to be offered to the unprotected children while at school.

During 1943, 1944 and 1945 it was not found possible to visit the schools. By this time, however, a great many of the children attending schools had been immunised in the weekly clinics, and entered the schools already protected. Unfortunately the children of large families and of the less careful mothers often missed immunisation at our weekly clinics on account of the overwork or the apathy of the mother. The mothers of these children are not unwilling that their children be protected although they are unable to bring them to our clinic. It is, therefore, necessary, in order to obtain a maximum number of protected children, that the schools should be visited regularly. The co-operation of the teachers is very greatly valued, and they have all given us their unstinted and whole-hearted co-operation.

A large number of children have been immunised privately, and the figures published below do not give a completely accurate picture of the position as it has not always been possible for us to obtain information of all the children who are immunised privately. All General Practitioners have been provided with cards, but these have not always been returned to us.

It will be noted that according to the figures published below 59 per cent. of pre-school children and 82 per cent. of school children have been immunised. It has been found on visits to the schools during 1946, that the actual immunised percentage of children attending Sale schools is 99. Several schools show a 100 per cent immunisation figure.

However, it has been impossible to check the number of children immunised privately attending schools outside the district, and as there are many children who go out of the district for Grammar School, High School and Technical School education, many of whom are immunised privately, it is anticipated that our figures will always be an under-estimate of the number immunised. It has also been impossible to check up completely on the number of pre-school children immunised privately, but in future the Health Visitors will probably be able to give us more information on this, as they now make specific enquiries on this subject.

It is hoped that in the future we shall receive full returns of all children immunised privately now that the General Practitioners are not so overworked due to war conditions. Their co-operation in this matter is sought.

TABLE XI.

No. of Children who had completed a full course of Immunisation at any time up to 31st December, 1945.

	Number Immunised	Estimated population
Under 1	5	2,265
1	291	
2	402	
3	330	
4	308	5,955
5 to 9	2,425	
10 to 14	2,459	
Totals	6,220	8,220

Puerperal Pyrexia.

There were two cases of Puerperal Pyrexia notified during the year and both were admitted to hospital.

Tuberculosis.

There were 13 deaths from Tuberculosis during the year of which 12 were pulmonary cases (5 males and 7 females) as compared with 17 deaths in 1944.

There was one case notified after death and two cases within three months of death. This means that although people are not going quite so late to the doctor, they should go still earlier. Tuberculosis is a very insidious disease and it is often impossible for even a trained person to make a diagnosis in the early stages without an extensive examination, and many people who ignore the first signs of illness would not only save their own lives but cease to be a source of infection to others if they obtained skilled advice in the early days of their illness.

There is a grave shortage of sanatorium beds and many people who are willing to receive treatment have to wait for admission.

It is hoped that when the National Health Scheme has become firmly established and the provision of sanatorium beds is a governmental responsibility, this difficulty will be eliminated.

It is stressed that all pulmonary cases at home which have not been pronounced as quiescent by the Tuberculosis Officer, should keep a separate bedroom wherever possible, and living rooms, which are occupied by others as well as the patient during the day, should be sufficiently ventilated. In many cases we find windows are closed and even people who have been to Sanatoria and have been instructed in fresh air habits do not carry out the advice they have received when they reach their own home. Health visitors spend a considerable portion of their time giving advice to people for their own good—advice which is not always carried out.

Patients suffering from pulmonary tuberculosis who cannot occupy a separate room will be recommended to the Council for houses containing sufficient accommodation to provide them with a separate room as soon as some of the more gross cases of overcrowding have been dealt with under the Council's new Housing Scheme.

It has been a matter of great regret in this Department that we have not been able to make such recommendations during the last few years.

The fact remains, however, that many persons, who can occupy a separate room still neglect to do so.

TABLE XII.
Abstract of Annual Figures from Register of Tuberculosis Cases.

	Males		Females		TOTAL
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number on Register, 1st January, 1945 ...	100	46	78	57	281
New Notifications, 1945 ...	19	10	9	11	49
Restored to Register ...	2	—	2	—	4
Cases brought to notice, otherwise than by formal notification (inward transfers, un-notified cases from Death Returns)...	2	1	2	4	9
Removed from Register, Deaths, Outward Transfers, Recovered ...	15	9	18	14	56
Number on Register, 31st December, 1945...	108	48	73	58	287

TABLE XIII.

The following Table shows the age and sex distribution of new cases of Tuberculosis (including cases coming to knowledge other than by formal notification), and a similar distribution of deaths from Tuberculosis.

Age Periods		New Cases				Deaths			
		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	—	—	—	—	—	—	—	—
1 to 5 years	...	—	—	1	—	—	—	—	—
5 to 15 "	...	—	1	8	5	—	—	—	—
15 to 25 "	...	5	2	2	3	1	3	—	—
25 to 35 "	...	7	5	—	3	1	3	—	—
35 to 45 "	...	5	4	—	2	1	1	—	—
45 to 55 "	...	3	1	—	1	2	—	—	—
55 to 65 "	...	2	—	—	1	—	—	1	—
65 and upwards	.	1	—	—	—	—	—	—	—
Total	...	23	13	11	15	5	7	1	—

Total deaths from Pulmonary Tuberculosis 12

Notified after or within 3 months of death25%

It should be mentioned here that the chief cause of the delay of notification is the reluctance of the patient to seek early medical advice.

Cancer and Malignant Disease.

Deaths from Cancer and other forms of Malignant Disease amounted to 81 or 17.7% of the total deaths. Last year the corresponding figure was 76 or 16.9% of the total deaths.

There were 39 deaths amongst males and 42 amongst females.

Distribution of this disease according to age and sex and the organs affected is in Table XIV which is appended below.

TABLE XIV.
Cancer Deaths during 1945

Site of Lesion	Age and Sex Periods														Totals		
	Under 15		15-25		25-35		35-45		45-55		55-65		65 & over		M	F	Both Sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Buccal Cavity & Oesophagus	-	-	-	-	-	-	-	-	1	-	1	-	-	1	2	1	3
Larynx, Lungs and Bronchi	-	-	-	-	-	-	2	-	2	-	2	-	2	-	8	-	8
Breast...	-	-	-	-	-	-	-	-	4	-	3	-	2	-	9	-	9
Stomach ...	-	-	-	-	-	-	-	-	2	1	2	1	4	4	8	6	14
Liver and Gall Bladder ...	-	-	-	-	-	-	-	-	1	1	-	1	-	2	1	3	
Intestines and Rectum and Vagina ...	-	-	-	-	-	-	-	1	1	1	4	1	5	6	10	9	19
Kidney ...	-	-	-	-	-	-	1	-	-	-	-	-	1	1	1	1	2
Cervix & Uterus	-	-	-	-	-	-	-	-	3	-	1	-	-	-	-	4	4
Ovary ...	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	2	
Prostate and Bladder ...	-	-	-	-	-	-	1	-	-	-	1	6	-	6	2	8	
Other Sites ...	-	-	-	-	-	-	-	1	3	-	3	1	1	2	7	9	
Totals ...	-	-	-	-	-	-	3	3	7	13	10	11	19	15	39	42	81

Some of the deaths from this disease need not have occurred. With early diagnosis cancer can be treated with every prospect of cure. It is important to emphasise that early medical advice must be sought. It is hoped that the public will realise that cancer is essentially a disease in which early treatment can do a great deal and that increasing use will be made of the facilities available. In Manchester there is every opportunity for a patient with cancer to obtain the very best medical advice and treatment.

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